

RECEIVED

DEC 06 2000

Please type a plus sign (+) inside this box → ☒

PTO/SB/01 (12-97)
Approved for use through 8/30/00. OMB 0631-0032
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. ECH CENTER 1600/2600

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☐ Declaration
Submitted
with Initial
Filing

OR

☒ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number 96700/488

First Named Inventor Nancy Carrasco

COMPLETE IF KNOWN

Application Number 09/519,959

Filing Date March 7, 2000

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated; and are next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHODS FOR THE DIAGNOSIS AND TREATMENT OF BREAST CANCER

the specification of which

(Title of the invention)

☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY) 03/07/2000 as United States Application Number or PCT International

Application Number 09/519,959 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(a) of any United States provisional application(s) listed below.

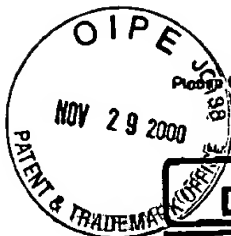
Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

(Page 1 of 2)

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

RECEIVED

DEC 06 2000



Please type a plus sign (+) inside this box ☒

Under the Paperwork Reduction Act of 1996, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

PTO/SB/01 (12-87)
Approved for use through 9/30/00, OMB 0651-0032
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

TECH CENTER 1600/2800

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.66 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

☐ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number
Martin Auster	16,877	Joel E. Lutzner	29,408
Michael J. Berger	25,829	Ira E. Slick	33,783
Daniel S. Ebenstein	26,932	Leonard S. Sorgi	33,211
Kenneth P. George	30,239	Walter M. Zepkin	27,478
Philip H. Goldstein	25,871	Craig J. Arnold	24,287
Abraham Kessler	32,887		
Anthony F. La Crosse	29,401		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number OR ☒ Correspondence address below

Name	Craig J. Arnold, Esq.				
Address	Amster, Rothstein & Ebenstein				
Address	90 Park Avenue				
City	New York	State	NY	ZIP	10016
Country	U.S.A.	Telephone	(212) 697-5985	Fax	(212) 286-0854

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

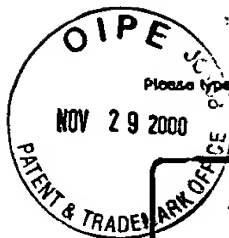
Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))			Family Name or Surname		
Nancy			Carrasco		
Inventor's Signature					Date
Residence: City	New York	State	NY	Country	U.S.A.
Post Office Address	250 West 89th Street, Apt. 4-M				
Post Office Address					
City	New York	State	NY	ZIP	10024
Country	U.S.A.				

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

RECEIVED

DEC 06 2000

TECH CENTER 1600/2900

Please type a plus sign (+) inside this box → ☒

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Approved for use through 8/20/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1
--------------------	--

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Orsohya				Donan			
Inventor's Signature						Date	
Residence: City	Bronx	State	NY	Country	U.S.A.	Citizenship	Hungarian
Post Office Address 1579 Rhinelander Ave., Apt. 4-C							
Post Office Address							
City	Bronx	State	NY	ZIP	10451	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Uygar H.				Tazebay			
Inventor's Signature						Date	
Residence: City	Ankara	State		Country	Turkey	Citizenship	Turkish
Post Office Address Bilkent Lojmanlari 37/1							
Post Office Address							
City	Ankara	State		ZIP	06533	Country	Turkey
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Irene L.				Wapnir			
Inventor's Signature	<i>Irene Wapnir</i>					Date	11/28/00
Residence: City	Stanford	State	CA	Country	U.S.A.	Citizenship	U.S.
Post Office Address 300 Pasteur Drive H3625							
Post Office Address							
City	Stanford	State	CA	ZIP	94305-5655	Country	U.S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

RECEIVED

DEC 06 2000

Please type a plus sign (+) inside this box → **+**

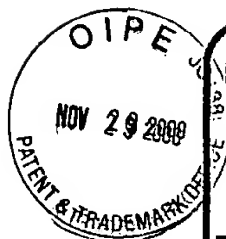
PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

TECH CENTER 1600/2800

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.



DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 96700/488

First Named Inventor Nancy Carrasco

COMPLETE IF KNOWN

Application Number 09/519,959

Filing Date March 7, 2000

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHODS FOR THE DIAGNOSIS AND TREATMENT OF BREAST CANCER

the specification of which (Title of the Invention)

☐ is attached hereto OR☒ was filed on (MM/DD/YYYY) 03/07/2000 as United States Application Number or PCT International

Application Number 09/519,959 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

(Page 1 of 2)

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

RECEIVED

DEC 06 2000

Please type a plus sign (+) inside this box → ☒Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar Code
Label here

Name	Registration Number	Name	Registration Number
Morton Amster	16,677	Joel E. Lutzker	29,408
Michael J. Berger	25,829	Ira E. Silfin	33,785
Daniel S. Ebenstein	24,932	Leonard S. Sorgi	33,211
Kenneth P. George	30,259	Neil M. Zipkin	27,476
Philip H. Gottfried	25,871	Craig J. Arnold	34,287
Abraham Kasdan	32,897		
Anthony E. La Cicero	29,403		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number OR ☒ Correspondence address below

Name	Craig J. Arnold, Esq.				
Address	Amster, Rothstein & Ebenstein				
Address	90 Park Avenue				
City	New York	State	NY	ZIP	10016
Country	U.S.A.	Telephone	(212) 697-5995	Fax	(212) 286-0854

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])			Family Name or Surname		
Nancy			Carrasco		
Inventor's Signature					Date
Residence: City	New York	State	NY	Country	U.S.A.
Post Office Address	250 West 89th Street, Apt. 4-M				
Post Office Address					
City	New York	State	NY	ZIP	10024
Country	U.S.A.				

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

28/11/2000 14:02

90-312-2665

BILKENT U.M.BIO&GE

PAGE 02

NOV-22-2000 17:59

A R & E

1 512 200 0654

RECEIVED

DEC 06 2000

Please type a plus sign (+) inside this box ☒

valid CARD control number.

Approved for use through 8/30/02
Patent and Trademark Office, U.S. Department of Commerce

PTO/SB/02A (3-97)

OAS 0851-0050

+ CENTER 1600/2900



DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page 4 of 3			
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle (if any))				Family Name or Surname			
Orsolya				Dohan			
Inventor's Signature				Date 11/28/00			
Residence: City		Bronx		State		NY U.S.A.	
Post Office Address				1570 Rhineland Ave., Apt. 4-C			
Post Office Address							
City		Bronx		State		NY 10464 Country U.S.A.	
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle (if any))				Family name or surname			
Uygur H.				Tasebay			
Inventor's Signature				Date 11/28/00			
Residence: City		Ankara		State		Turkey	
Post Office Address				Mikani 1 nymenel 2714			
Post Office Address							
City		Ankara		State		06523 Country Turkey	
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle (if any))				Family Name or Surname			
Lorne L.				Wagner			
Inventor's Signature				Date			
Residence: City		Stanford		State		CA U.S.A.	
Post Office Address				600 Pasteur Drive 94305			
Post Office Address							
City		Stanford		State		CA 94305-5055 Country U.S.A.	

+